

APPLICATION

Human Resources Professional Development Program

To be completed by the applicant

Name: _____ Job Title: _____

Agency: _____ Phone: _____

Agency Street Address: _____ Fax: _____

City/Town: _____ Zip _____ E-Mail: _____
Code

Please describe your HR role below:

Number of years HR experience _____

Why are you interested in participating in the HRPD Program? Include how this professional development will enable you to perform better in your current and prospective HR roles.

HRPD Program Requirements:

- * Must be present for 90% of all program sessions
- * Complete assigned learning activities

Commitments:

I commit to:

- * Fully participate in all components of the program
- * Attend all scheduled courses
- * Complete each assignment in the specified time frame
- * Actively engage in the learning process
- * Apply learning on the job

Applicant Signature: _____ Date: _____

AGENCY APPROVAL
To Be Completed by Applicant's Supervisor/Manager

Applicant's Supervisor/Manager

I commit to:

- * Support the applicant's participation in the HRPD Program
- * Encourage and support application of learning on the job

Supervisor Signature: _____ Date: _____

Program Fee: \$875.00

Payment Options:

Online _____

Invoice _____

PLEASE SUBMIT COMPLETED APPLICATION TO:

Office of Human Resources
1401 Senate Street
Columbia, South Carolina 29201